## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/527701

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 1 - AMENDMENT			AS F	AS FILED		AFTER CAMENDMENT		AFTER	
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	(REV. 11/04)			Marie Charles		AND DESCRIPTION OF THE PERSON	CLAIMS	1	U.S. DEPART	MENT of Co	OMMERCE			